

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

20/10/2

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED

01 OCT 11 PM 1:39

SECRETARY OF STATE
TALLAHASSEE FLORIDA

DOCUMENT # P00000100688

1. Corporation Name

Wainwright Construction, Inc.

2. Principal Office Address

11203 129th Rd

3. Mailing Office Address

11203 129th Rd.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Live Oak, FL

City & State

Live Oak, FL

Zip

32060

Country

Swansee

Zip

32060

Country

Swansee

4. Date Incorporated or Qualified
To Do Business in Florida

10/25/00

5. FEI Number

59-3695245

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

J. Brent Wainwright

Street Address (P.O. Box Number is Not Acceptable)

5035 S. Deepwater Point

Suite, Apt. #, Etc.

City

Homestead

State

FL

Zip Code

34448

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.

Signature of
Registered Agent

J. B. Wainwright (Signature)
REGISTERED AGENT MUST SIGN

Date 10/10/01

9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
PO	Debra A. Wainwright	11203 129th Rd.	Live Oak, FL 32060
SD	Joseph B. Wainwright, Jr.	11203 129th Rd.	Live Oak, FL 32060

10. I certify that I am an officer or director or the receiver or trustee empowered to execute this application as provided for in chapter 607 or 617, F.S. I further certify that when filing this reinstatement application, the reason for dissolution has been eliminated, the corporate name satisfies the requirements of section 607.0401 or 617.0401, F.S., that all fees owed by the corporation have been paid and the names of individuals listed on this form do not qualify for an exemption under section 119.07(3)(f), F.S. The information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath.

SIGNATURE:

Debra A. Wainwright (Signature)
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Oct-10-2001

Daytime Phone #

320-344-6401

CR2E081 (9/00)

PG. 2 of 2

**DANA EDMISTEN HILL
ATTORNEY AT LAW
230 Court Street SE**

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Live Oak, Florida 32064**

**Telephone (386) 362-1900
Telecopier (386) 362-1902**

October 10, 2001

Division of Corporations - Reinstatement Section
Secretary of State
Post Office Box 6327
Tallahassee, Florida 32314


RE: Reinstatement of WAINWRIGHT CONSTRUCTION, INC.

Dear Madam:

Enclosed please find Wainwright Construction's check no. 3310 in the amount of \$150.00 for the annual dues for the corporation for the year 2000. Please be advised that the corporation did not receive any notices that the annual report was due.

Please reinstate this corporation as soon as possible. If you have any questions, please do not hesitate to contact me. Thank you for your courtesies and consideration.

Sincerely,



Dana Edmisten Hill

DEH:mtf

Enclosure